PTO/SB/82 (01-06)

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Zip

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	09/09/2003
	First Named Inventor	Chilibeck, Richard
	Art Unit	1723
	Examiner Name	Cecil, Terry K.
	Attorney Docket Number	073980-00030 (SXI-17)
I hereby revoke all previous powers of attorney give	n in the above-identified a	pplication.
A Power of Attorney is submitted herewith.		
A Power of Autoritey is submitted herewith.		
OR		
✓ I hereby appoint the practitioners associated with	the Customer Number:	27805
Please change the correspondence address for the	above-identified application	i to:
✓ The address associated with Customer Number:	27805	
Odditino Nambol.		
0.7		
OR		
Firm or Individual Name		

State

Email

Application Number

I am the: Applicant/Inventor.

City

Country

Telephone

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record

Signature

Name Jerry W. Fanska 02-08-08 Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is selected to its extracted to take 3 minutes to complete. including apthering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time pour require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1459, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dox 1459, Alexandria, VA. 22313-1450.